

EXHIBIT 8

Number of Subjects Assaulting / Resisting Officer(s): <u>1</u>	Number Arrested: <u>1</u>
Was An Officer Injured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give a Brief Explanation: <u>Off. LORENZETTI (GCPD) sustained cut to his right hand</u>	

OFFICER ASSIGNMENT

☒ Uniform ☐ Detective ☐ Special Response ☐ Non-Uniform ☐ Other:

REASON FOR THE USE OF SUBJECT CONTROL TECHNIQUES

☒ Necessary to Effect Arrest ☐ Necessary to Defend Officer

☐ Necessary to Defend Another (List Name):

☐ Other Reason - Explain:

At the Time of the Use of Force; Was the Subject Suspected of Being Under the Influence of:

☐ Alcohol ☒ Drug / Chemical ☐ Other (list):

SUBJECT RESISTANCE	OFFICER RESPONSE (DESCRIBE ACTION TAKEN)	DID TECHNIQUE WORK?
<input type="checkbox"/> Inactive Resistance (Psychological / Verbal) Describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Passive Resistance Describe: <u>Subject made his legs go limp and refused to walk to patrol vehicle after arrest.</u>	<u>Verbal commands w/o compliance. Off's Myhach and Lorenzetti carried subject to patrol vehicle.</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Active Resistance Describe: <u>subject was struggling with off's attempting to get up and flexing up his arms to prevent them from being placed behind his back.</u>	<u>SEVERAL VERBAL commands w/o compliance. One closed fist strike to right side w/o compliance. One three second drive stun to lower right back area.</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Active Aggression Describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Deadly Force Assault Describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No

A / 2: ☐ Pressure Points Location: ☐ Jaw Control

LEVEL "B" (STRIKES / OC SPRAY / TASER)

B / 1: ☒ Hand Strikes Location: RIGHT SIDE OF TORSO ☐ Leg Strikes Location: _____
 B / 2: ☐ OC Spray and Number of Times Sprayed _____ and Decontaminated ☐ Yes ☐ No
 B / 3: ☒ Taser X-26 # PT-3 Photos of Probe Sites Required
 Type of Deployment: ☒ Drive Stun or ☐ Cartridge and Cartridge #(s) _____
 If Cartridge: Approximate Deployment Distance in Feet _____ Number of Cycles _____ Required

LEVEL "C" (INTERMEDIATE WEAPONS)

C / 1: ☐ Impact Weapon Type of Impact Weapon Used: ☐ Asp ☐ Other: _____
 Location Impacted: ☐ Forearm ☐ Inner Thigh ☐ Calf ☐ Outer Thigh ☐ Other: _____
 C / 2: ☐ K-9 Engagement and Area of Contact: _____

LEVEL "D" (LETHAL FORCE)

D / 1: Weapon Type: ☐ Handgun ☐ Shotgun ☐ Rifle ☐ Vehicle ☐ Other: _____
 Weapon Description (Make, Model, Caliber, and Serial #): _____
 Body Area Impacted: _____

LEVEL "E" ADDITIONAL CONTROL MEASURES (SPECIALTY MUNITIONS / RESTRAINT DEVICE)

E / 1: ☐ Flashbang Diversionary Device ☐ Chemical Agent (other than OC Spray) ☐ 12 Gauge Bean Bag
 E / 2: ☐ Restraint Chair ☐ Hobble ☐ Other: _____

SUBJECT INJURIES / PHOTOGRAPHS / MEDICAL ATTENTION

Subject Injured (Other Than Taser Probe): ☐ Yes ☒ No If Yes, Describe Injury: PRIOR TO POLICE CONTACT
 Photo(s) Taken: ☒ Yes ☐ No If No, Reason (required): _____
 Medical Attention: ☐ WLFD Case # _____ ☒ Hospital GCOH and Dr. YANGOUXIAN
☐ Subject Uncooperative ☐ Subject Refused Treatment

Officer's Signature [Signature] ID # 1652 Date 7-31-11

Reviewing Supervisor [Signature] ID # 911 Date 7-31-11